

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

ALL HAZARDS EMERGENCY PREPAREDNESS AND RESPONSE

**IHSC Directive: 03-05
ERO Directive Number: 11739.2
Federal Enterprise Architecture Number: 306-112-002b
Effective: 11 Mar 2016**

**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

1. **PURPOSE:** The purpose of this directive is to set forth policies and procedures for all hazards emergency preparedness and response activities in U.S. Immigration and Customs Enforcement (ICE) detention and staging facilities.
2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Section 322 of the Public Health Service Act ([42 USC 249\(a\)](#)). Medical Care and Treatment of Quarantined and Detained Persons;
 - 3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code Section 1222 ([8 U.S.C. § 1222](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-3. Section 234 of the Immigration and Nationality Act (INA) ([8 USC 1222](#)). Detention of Aliens for Physical and Mental Examination
 - 3-4. Title 8, Code of Federal Regulations, section 235.3 ([8 CFR 235.3](#)). Inadmissible Aliens and Expedited Removal;
 - 3-5. Title 8, Code of Federal Regulations, section 232 ([8 CFR 232](#)). Detention of Aliens for Physical and Mental Examination;
 - 3-6. Title 42, U.S. Code of Federal Regulations, Part 34 ([42 CFR 34](#)). Public Health and Medical Examination of Aliens.

- 3-7. The Privacy Act of 1974, Title 5, U.S. Code, Section 552(a) (5 U.S.C. § 552 (a)), as applied in the Department of Homeland Security (DHS)/ICE-013 Alien Health Records System of Records Notice, 80 Federal Register 239 (January 5, 2015).
 - 3-8. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees.
 - 3-9. Public Law 91-596 the Occupational Safety and Health Act (OSH Act) of 1970.
 - 3-10. DHS Directive (MD) 066-01 Safety and Health Programs as amended.
 - 3-11. Homeland Security Presidential Directive (HSPD) – 5, Management of Domestic Incidents.
 - 3-12. Presidential Policy Directive (PPD) – 8, National Preparedness.
 - 3-13. ICE Directive 14007.1 National Incident Management System Policy.
 - 3-14. Department of Homeland Security, Directive Number 248-01, [Medical Quality Management](#), Issue date: 10/02/2009
4. **POLICY:** IHSC supports all hazards emergency preparedness. Health staff must be aware of all facility-wide and field office emergency preparedness plans and must be prepared to respond to an emergency based on IHSC-staffed medical clinic procedures. IHSC health care personnel must be prepared to deliver emergency health care services within their scope of practice to ICE detainees, employees, and visitors in the event of a life-threatening emergency.
- 4-1. **Responsibilities.** Any IHSC medical authority assigned to an IHSC facility, in collaboration with the administrative authority, will coordinate emergency preparedness and response activities.
- a. The health services administrator (HSA) or designee must establish written procedures detailing how health staff will respond to emergency situations in coordination with the overall facility emergency preparedness plans and Enforcement and Removal Operations (ERO) field office plans.
 - b. The HSA must ensure the medical response is integrated into the overall facility response and ERO field office response.
 - c. The HSA must ensure that all-hazard emergency preparedness and response procedures include a statement prohibiting unauthorized information disclosure.

- d. The HSA must establish all-hazard emergency preparedness procedures that are flexible, integrated with the facility emergency plan and the Field Office Continuity Plan, and at a minimum address the topics identified in sections 4.2–4.17 of this Directive.
- e. The HSA must verify that health staff understand their roles and responsibilities and comply with emergency preparedness plans prior to and during an emergency, including the predetermined sites for care and alternate backups for each of the plan's elements.
- f. The HSA and facility administrator must review and approve IHSC-staffed medical clinic emergency response procedures annually and ensure that they are updated and available upon request.
- g. The HSA or designee at each clinic must maintain emergency equipment and supplies.

4-2. Recognizing a hazard or disaster

- a. The HSA or designee must be aware of the facility and ICE ERO Area of Responsibility (AOR) emergency notification procedures, and must ensure that the medical clinic and health staff are incorporated into these emergency communication plans. The HSA or designee should maintain open communication with the Warden and Assistant Field Office Director (AFOD) to ensure health staff are notified of potential or real emergencies.
- b. The HSA or designee should also arrange for emergency notifications through the local jurisdiction (e.g., local emergency management automated notification systems).

4-3. Communication (staff accountability, staff recall, staff notification)

- a. Communication procedures must detail who is responsible for maintaining and updating the staff recall roster, and how federal and contract health staff will be contacted prior to and during an emergency. This includes notification procedures for health staff in the medical clinic, within the facility, and health staff off-site.
- b. The HSA or designee must maintain and update local emergency contact information routinely, and must be readily available to key staff both on and off-site to include telephone numbers, contact information and procedures for local hospitals, ambulance, and fire department.
- c. Communication procedures must also detail how health staff will communicate during an emergency (e.g., in-person verbal communication, radios, telephone).

4-4. Incident management

- a. The HSA must ensure that health staff responds to emergencies in a coordinated manner. The Incident Command System (ICS) and National Incident Management System (NIMS) were developed to create a flexible and standardized approach to incident management and must be incorporated into IHSC medical clinic emergency response procedures.
- b. The HSA or designee must designate a clear chain of command during an emergency to manage the medical clinic response. The HSA or designee will serve as the Medical Team Commander and will designate roles based on the activities required for the medical response.
- c. The HSA or designee must facilitate integration of health staff into the facility incident management structure during any emergency that extends beyond the IHSC-staffed medical clinic.
- d. Recommended medical clinic response roles include the following:
 - (1) Medical Team Commander
 - (2) Medical Liaison
 - (3) Triage Team
 - (4) Treatment Team
 - (5) Medical Supplies Team
 - (6) Pharmacy Team
 - (7) Morgue Team
 - (8) Transport Team

4-5. Continuity of operations

- a. The HSA or designee must establish procedures detailing how health staff will maintain continuity of operations during an incident in coordination with the overall facility Continuity Plan and the ICE/ERO Field Office Continuity Plan for the AOR in which the facility is located.
- b. The HSA or designee must complete the ICE Sub-office Continuity Checklist/Template. This template will serve as the medical clinic's continuity procedures and will be an annex to the ICE Field office Continuity Plan. The procedures must be integrated with the facility

Continuity Plan and the ERO Field Office Continuity Plan.

- c. Contingencies must be in place for staffing and alternate sites of care.
- d. The [IHSC COOP - ICE Supplement](#) details IHSC HQ continuity procedures and is a supplement to the ICE Continuity Plan. Health staff must be familiar with this COOP in addition to site-specific procedures.
- e. The HSA must ensure that all staff are familiar with and have access to the most current facility continuity plan and the ERO Field Office Continuity Plan for the AOR.

4-6. Emergency medical response

- a. Health staff must be prepared to provide 24 hour emergency health services to detainees, visitors, and staff.
- b. In life-threatening emergency situations only, health care personnel may provide emergency healthcare services to health staff, facility staff, and visitors.
- c. Health staff must be prepared to respond to emergencies within a four minute response time.
- d. The HSA or designee must ensure that there is an on-call physician, dentist, and mental health professional or designee available 24 hours a day, 7 days a week.
- e. The HSA or designee must maintain a list of ambulance and hospital services.
- f. Health staff must coordinate with security for immediate transfer of patients for emergency medical care and notification to appropriate ICE staff.
- g. Upon the detainee's return to the facility, health staff must ensure that documentation of treatment given off-site and any follow-up instructions are incorporated into the health record.
- h. The HSA or designee must ensure that health care personnel are prepared and competent to provide the following emergency services at IHSC-staffed facilities:
 - (1) An initial assessment and referral, as appropriate;
 - (2) Coordination of transportation with security staff;

- (3) Basic Life Support (BLS) in accordance with the most current American Heart Association Guidelines.

4-7. Mass casualty/triage

- a. The HSA must ensure that procedures are established to implement the triage system in the event of an internal disturbance or other disaster (natural or man-made) which results in multiple casualties and the suspension of normal clinic operations. Triage is the process of prioritizing or sorting of sick or injured people for treatment according to seriousness of the condition or injury, and tagging accordingly. Once triage is complete, the patients should be routed to receive the appropriate care.
- b. The HSA must ensure that procedures are established to triage people at the scene of the emergency or a nearby triage site. If that is not possible, the medical clinic should be used to triage people and provide care. If the scope of the disaster or other circumstances prohibits the use of the medical clinic, the HSA, Clinical Director (CD), or designee should designate an alternative triage/ care area in coordination with the facility Incident Commander.
- c. The HSA must ensure that procedures are established to accomplish triage using the [Simple Triage and Rapid Treatment \(START\) Adult Triage](#) and [JumpSTART Pediatric MCI Triage](#)
- d. Under both START and JumpSTART triage methods, casualties are classified into 4 categories based on rapid assessments of their respirations, perfusion, and mental status (RPM). Triage people are assigned an assessment classification by following either the START or JumpSTART color-coded Triage cards or algorithms.

Simple Triage and Rapid Treatment (START) Adult Triage

COLOR	DESCRIPTION	ASSESSMENT (ADULTS)
Black	Deceased	No respirations after head tilt
Red	Immediate	Any of the following: breathing but unconscious, respirations >30, capillary refill >2 sec., no radial pulse, control bleeding
Yellow	Delayed	Respirations under 30, capillary refill under 2 sec, can follow simple commands
Green	Minor	All walking wounded

4-8. Evacuation

- a. Evacuation of the medical clinic may be necessary due to a hazard (e.g., fire) or order by the facility administrator or HSA.
- b. The HSA or designee must ensure that floor plans designating evacuation routes with directional arrows to exits are posted within the medical clinic, and that all health staff are familiar with these evacuation routes.
- c. Evacuation floor plans must include:
 - (1) Emergency exits
 - (2) Primary and secondary routes
 - (3) Location of fire extinguishers
 - (4) Fire alarm pull stations' locations
 - (5) Assembly points
 - (6) "You are here" designation
- d. Evacuation procedures must describe actions employees should take before and while evacuating, such as shutting windows, turning off equipment, and closing doors behind them.
- e. The HSA or designee must ensure that evacuation bags are maintained and ready for use in the event of an evacuation.

4-9. Shelter in place

- a. Shelter-in-place means to take immediate shelter where you are or selecting an interior room or rooms with no or few windows. It can also mean to seal the room (prevent outside air from entering), depending on the specific hazard or threat.
- b. The HSA or designee must identify shelter-in-place locations for health staff in coordination with the facility administrator.
- c. The HSA or designee must ensure that health staff follow shelter-in-place procedures in coordination with facility staff, maintaining a minimum of supplies for three days for emergencies that require a shelter-in-place response.
- d. The HSA or designee must ensure that health staff conduct regularly scheduled medical rounds during a facility lockdown.

4-10. Isolation

- a. The HSA or designee must develop a contingency plan for isolation if routine procedures are not possible.
- b. See Directive 05-06 *Infectious Disease Public Health Actions* and the *Guide for Isolation and Management of Detainees Exposed to Infectious Organisms in IHSC-Staffed Medical Clinics*. Reference Directive 03-17 *Medical Housing Unit (MHU)* regarding requirements for MHU oversight and levels of staffing.

4-11. Cohorting/social distancing

- a. The HSA or designee must develop a contingency plan for cohorting if routine procedures are not possible. See Directive 05-06 *Infectious Disease Public Health Actions* and the *Guide for Isolation and Management of Detainees Exposed to Infectious Organisms in IHSC-Staffed Medical Clinics*.

4-12. Medical equipment and supplies management

- a. The HSA or designee must ensure that emergency equipment and supplies are checked daily and that all items are present in the correct par levels, are maintained and functional, and are not expired. The HSA or designee must maintain documentation of these at the facility for three years.
- b. The HSA or designee must establish a contingency plan for obtaining medical equipment and supplies if the availability, delivery services, or normal procurement channels are disrupted.
- c. The HSA must be familiar with routine and emergency procurement procedures. The [DHS | Strategic Sourcing Page](#) provides information about procurement for medical supplies, PPE, and medical countermeasures for routine and emergency situations.
- d. The HSA or designee must implement a process for effectively and efficiently inventorying existing medical equipment and supplies, as well as anticipating future needs.
- e. The HSA must coordinate with facility and the field office regarding stockpile of supplies for employees, visitors, and detainees during emergencies.
- f. The HSA or designee must coordinate with local and state public health authorities to plan for the availability of stockpile supplies.
- g. The HSA or designee must ensure that appropriate emergency

medical equipment and supplies, and non-medical supplies are available, accessible, and appropriately stored, maintained, and regularly checked.

- h. The HSA or designee must develop a list of required documents, personal protective equipment, medical equipment, and communication equipment for emergency responses.

- i. First Aid Kits

- (1) The HSA determines the number, contents, location, and protocols and procedures for monthly inspections of first aid kits in the medical clinic.
 - (2) The HSA or designee must maintain documentation of first aid kit checks at the facility for a minimum of three years.
 - (3) The HSA or designee must ensure that first aid kits are readily available and health staff know the location of first aid kits throughout the facility.

- j. Automated External Defibrillator (AED)

- (1) The HSA determines the number, contents, and location of AEDs in the medical clinic.
 - (2) The HSA must ensure physician oversight of AEDs in the medical clinic and that daily operational checks are performed for AEDs that are located in the medical clinic.
 - (3) The HSA or designee must ensure the AED checks are documented and maintain that documentation at the facility for a minimum of three years.
 - (4) The HSA or designee must ensure that health staff know the location of all AEDs in the facility and oversight responsibility for each.

- k. Emergency Medical Response Cart/Bags

- (1) A medical provider or nurse must check the security lock number daily to ensure the emergency cart/bag and supplies are intact.
 - (2) A medical provider or nurse must inventory the supplies and medications contained in the emergency medical response cart and bags monthly and after each use.
 - (3) A medical provider or nurse must maintain documentation of

these checks at the facility for a minimum of three years.

- (4) A health care staff member must notify the pharmacy for replacement if medications are missing or expired.

I. Mass Casualty Bags

- (1) The HSA or designee must prepare, pack, store, and inventory mass casualty bags monthly, after immediately after use, and when new items are added.
- (2) The HSA or designee must check the security lock number weekly to ensure the integrity of the bags.
- (3) The HSA or designee must document these checks and maintain documentation at the facility for a minimum of three years.

m. Fire Extinguishers

- (1) The HSA must ensure that existing portable fire extinguishers located in the medical clinic are accessible and operational for health staff during emergency incidents or preparedness exercises.
- (2) The HSA must ensure that health staff receive initial and annual training on the use of portable fire extinguishers and hands on training on procedures to access and actuate the unit, apply the extinguishing agent, and perform a risk assessment before attempting to extinguish a fire.

4-13. Pharmaceuticals management

- a. The HSA or designee must establish a contingency plan for obtaining pharmaceuticals if the availability, delivery services, or normal procurement channels are disrupted.
- b. The HSA must be familiar with routine and emergency procurement procedures. The DHS Strategic Sourcing Page provides information about procurement for medical countermeasures for both routine and emergency situations.
- c. The HSA or designee must implement a process for effectively and efficiently inventorying pharmaceuticals as well as anticipating needs.
- d. The HSA or designee (e.g., pharmacist) must implement a process to secure controlled substances in the medical clinic during an internal disturbance or other emergency situation.

- e. The HSA or designee must develop contingencies for providing essential healthcare services to detainees when pharmaceuticals are limited in supply and delivery services are disrupted.
- f. The HSA or designee must coordinate with local and state public health authorities to plan for the availability of stockpile supplies.
- g. The HSA or designee must ensure that appropriate pharmaceuticals are stored in mass casualty and evacuation bags.
- h. Reference Directive 09-02 *Pharmaceutical Services and Medication Management* and Directive 03-16 *Medication Administration and the IHSC Medication Administration Guide*.

4-14. Mass prophylaxis

- a. Health threats might require prophylaxis of large numbers of detainees in a short period of time to prevent disease transmission.
- b. Mass prophylaxis requires communication and collaboration with all affected stakeholders. The decision to provide mass prophylaxis must be made in consultation with IHSC leadership, the CD, HSA, Chief, Medical Services, and IHSC Infectious Disease Consultant.
- c. Mass prophylaxis considerations:
 - (1) Identify site(s) to administer prophylaxis
 - (2) Clinic layout and patient flow
 - (3) Staffing needs
 - (4) Pharmaceuticals and supplies (procurement and inventory tracking)
 - (5) Information/educational sheets
 - (6) Staff training

4-15. Medical information management

- a. To the extent possible, protect medical records from fire, damage, theft, and public exposure.
- b. If the medical clinic is evacuated, ensure the privacy and safety of medical records.

4-16. Special needs

- a. The HSA must provide guidance and coordinate with the facility regarding modifications, accommodations, or assistance needed for detainees or employees.
- b. Elderly or disabled detainees or health staff may have conditions that put them at increased risk during an emergency. Consideration and accommodation for special needs detainees and health staff during emergencies is critical. For IHSC policy and procedural guidance for determining and providing care to ICE detainees determined to have special needs see IHSC Directive 03-11 *Special Needs Patients*.

4-17. Hazard-specific emergency procedures

- a. The HSA must ensure that health staff are prepared to respond to all hazards, and implement hazard-specific emergency procedures that will guide the response of health staff. At a minimum, staff at all sites must be able to respond to the following hazards:
 - (1) Outbreak or pandemic
 - (2) Heavy smoke/fire
 - (3) Explosion
 - (4) Chemical, biological, radiologic, or nuclear (CBRN) emergency
 - (5) Suspicious item/package
 - (6) Power outage
 - (7) Active shooter
 - (8) Chemical spill
 - (9) Worker strike
 - (10) Hunger strike
 - (11) Hostage situation
 - (12) Bomb threat
 - (13) Escape emergency
 - (14) Demonstration/civil disturbance
 - (15) Facility lockdown

(16) Severe staffing shortage

(17) Weather-related hazards that are likely to occur at the facility location (e.g., hurricane, winter weather, tornado, wildfire, earthquakes, flooding, dust storms).

4-18. Tests, Training, and Exercises

- a. Training for all-hazards emergency preparedness plans and IHSC medical clinic emergency preparedness procedures must be included in orientation and annual training requirements for all facility IHSC staff.
- b. Documentation of training completion must be entered into the personnel training record for each attendee and must include date of completion. Standardized training materials, including a content summary and version date, must be centrally located and accessible by all IHSC staff.
- c. The HSA or designee is responsible for compliance with training requirements and training documentation. The HSA may maintain a master training document for monitoring and reporting purposes; however, PII is not authorized on the master document.
- d. The HSA must ensure that health staff participate in one man-down drill each month, at a minimum (clinics must conduct one drill per shift per month), testing their ability to respond to individual medical emergencies and assessing staff competency.
- e. The HSA, or designee, must ensure that IHSC staff receive training annually for the recognition of signs of potential health emergencies and required response, recognition of signs and symptoms of mental illness (including suicide risk), mental retardation, developmental disabilities, and chemical or substance dependency.
- f. The HSA or designee must ensure that health staff are trained on the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated and understand the plan to provide an expedited entrance to and exit from the facility.
- g. The HSA or designee must test the personnel recall procedures at least quarterly.
- h. The HSA must ensure that health care personnel receive emergency medical response training, including, but not limited to CPR, AED, and emergency first aid at initial orientation and annually.

- i. The HSA must ensure that health staff participate in at least one facility-wide mass disaster drill annually so that over a 3 year period each shift has participated.
- j. The HSA must ensure that health staff on every shift participate in facility-wide evacuation drills at least quarterly.
- k. The HSA or designee must evaluate training and drills, and share results with all health staff at the facility.
- l. The HSA or designee must implement corrective actions to remedy deficiencies.
- m. The HSA or designee must maintain documentation of all emergency preparedness training and drill evaluations locally, and ensure that documentation is available upon request.

4-19. Media Relations. IHSC staff must refer all media inquiries and responses through the supervisory chain to the ICE Office of Public Affairs.

5. PROCEDURES: Detailed procedures related to this directive:

5-1. IHSC Continuity of Operations (COOP): ICE Supplement

6. HISTORICAL NOTES: This directive replaces and expands the scope of the previous Directive 03-05, dated 01 Dec 2015. The name has changed from *Emergency Health Services* to *All Hazards Emergency Preparedness and Response*. Changes and additions were made to every section. Definitions were also added.

7. DEFINITIONS:

All Hazards Emergency Preparedness and Response - All hazards encompasses all conditions, environmental or manmade, that have the potential to cause injury, or death; damage to or loss of equipment, infrastructure services, or property; or alternately causing functional degradation to societal, economic or environmental aspects. Hazards can include natural disasters, severe weather, pandemics, chemical spills, active shooter incidents, etc.

An all-hazards approach to preparedness focuses on response activities common to many hazards (e.g., communication procedures, staff recall, evacuation, and mass casualty/triage). All hazards preparedness supplements specific preparedness and planning required to appropriately respond to specific threats in specific locations.

Cohorting – Cohorting is a public health strategy used to house individuals with a common infectious or exposure status as a group separated from the remainder of the population.

Health Care Personnel or Providers – Health care personnel or providers are credentialed individuals employed, detailed, or authorized by IHSC to deliver health care services to detainees. It includes federal and contract staff assigned or detailed (i.e. temporary duty) who provide professional or paraprofessional health care services as part of their IHSC duties. (IHSC Operational Definition)

Health Services Administrator (HSA) – The HSA is the designated IHSC administrator at a facility who provides administrative and supervisory oversight of day to day operational activities at IHSC staffed medical facilities. (IHSC Operational Definition)

Health Staff – Health staff include all health care professionals (including contracted staff) as well as administrative and supervisory staff at *IHSC-staffed medical clinics*. (IHSC Operational Definition)

IHSC Staff – Includes all federal and contract personnel assigned to the IHSC.

Medical Providers – Medical providers include physicians, physician assistants, nurse practitioners, and clinical pharmacists. (IHSC Operational Definition)

8. APPLICABLE STANDARDS:

8-1. Performance Based National Detention Standards (PBNDS):

- a. Section 1.1 Emergency Plans.
- b. Section 4.3 *Medical Care*; V. *Expected Practices*; R. Emergency Medical Services and First Aid.

8-2. American Correctional Association (ACA):

- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition
 - (1) 4-ALDF-1C-01 Emergencies
 - (2) 4-ALDF-1C-02 Emergencies
 - (3) 4-ALDF-4C-06: Transportation
 - (4) 4-ALDF-4C-08: Emergency Services
 - (5) 4-ALDF-4C-08: Emergency Plan

(6) 4-ALDF-4D-08: Emergency Response

(7) 4-ALDF-4D-09: First Aid

b. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions

(1) 1-HC-2A-14: Emergency Response/Emergency Services

(2) 1-HC-1A-08: Emergency Plan

8-3. National Commission on Correctional Health Care (NCCHC):

a. Standards for Health Services in Jails, 2014

(1) J-D-05 Hospital Specialty Care

(2) J-A-07 Emergency Response Plan

(3) J-E-08 Emergency Services

9. **RECORDKEEPING.** IHSC maintains detainee health records as provided in the Alien Medical Records System of Records Notice, 74 Fed. Reg. 57688 (Nov. 9, 2009). ICE ERO maintains records pertaining to arrests, detentions and removals as provided in the Immigration and Enforcement Operational Records (ENFORCE) System of Records Notice, 75 Fed Reg. 23274 (May 3, 2010). IHSC staff protects medical records and sensitive personally identifiable information.

Protection of Medical Records and Sensitive Personally Identifiable Information.

- 9-1. Staff keeps all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff locks paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- 9-2. Staff is trained at orientation and annually on the protection of a patient's medical information and Sensitive PII.
- 9-3. Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.

9-4. Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at:

(b)(7)(E)

when additional information is needed concerning safeguard sensitive PII.

9-5. Documentation of incidents, training, exercises, and drills must be retained and managed in accordance with ICE Records Schedules.

10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.